

## Foster Family Home - Corrective Action Report

Provider ID: 1-512013

Home Name: Noemi Antonio, CNA

Review ID: 1-512013-4

1504 Hala Drive

Reviewer: J

Honolulu

HI 96818

Begin Date: 9/8/2016

End Date: 10/15/16

### Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/8/16. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 9/8/16.

6.(d)(1) - see applicable sections of the review

### Foster Family Home Client Rights

[17-1454-50]

50.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

50.(a) - No signed policies and procedures present for client # 1 and client #2.

Compliance Manager

*Umar P. Miller*  
Primary Care Giver

Date

*09/08/16*  
Date

50.(a) . I sent CTA signed policies and procedures for Clients #1 and Client #2 on 9/15/16 .

I now understand HAZ 50 and will have policies and procedures signed upon admission by all Clients and or Power of Attorney.

Connie P. J. Main 10/15/16  
ROSEMI ANTONIO